



TOWN OF STONINGTON, ASSESSOR'S OFFICE 535-5098
152 ELM STREET, STONINGTON, CT. 06378

**LOCAL OPTION
TAX EXEMPTION ON MOTOR VEHICLES FOR
HANDICAPPED**

(Deadline January 31st completion of the Assessor's Duties)

Name: _____ Initial Grand List: _____
Address: _____ Year: _____ Make: _____
_____ Model: _____
_____ Marker No. _____
_____ Vehicle Id. No. _____

Description of adaptation: _____

Definition: Vehicle means any motor vehicle which has been equipped after its original manufacture for purpose of adapting its use to the disability of its owner.

The Applicant herein claims a property tax exemption under provisions of the Connecticut General Statutes, deposes that the above statements are true and complete in accordance with §12-81c as amended by Public Act 98-125.

Proof of Claim: Attach a copy of an invoice/bill of sale of adaptation
No further application is required unless a new vehicle is purchased and adapted for such handicap.

Signed: _____ Dated: _____
Assessor/Staff: _____ Approved: Yes No

